PART B - FEE(S) TRANSMITTAL

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J.M. Ro	beitson i	In Tellectual	Prop. LEG	Jame			
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APPLICATION NO.	FILING DATE	FIR	ST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/771,771 TLE OF INVENTION: WI	02/04/2004 PER SHEET PACKAGI	NG SYSTEM	John McBride		CON-004PA	\$157	
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nonprovisional	YES	\$700		\$300	\$1000	07/08/2005	
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EChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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lease check the appropriate a	assignee category or cate	gories (will not be printe	ed on the patent) :	O Individual	orporation or other private gre	oup entity O Government	
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